VOICE OF THE DIABETIC

A SUPPORT AND INFORMATION NETWORK

The Diabetic Division of The National Federation of the Blind

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Phoenix In 1987

This article was taken from The Braille Monitor, *a monthly magazine published by our organization, the National Federation of the Blind.*

Have you made your reservations yet to this year's National Federation of the Blind convention in Phoenix? Better hurry. The headquarters hotel, the Hyatt Regency in Phoenix, is filling rapidly, and so are the other two hotels, The San Carlos and the Heritage.

The dates are Saturday, June 27 through Saturday, July 4. The rates are $25 per single, $28 for doubles and twins, $30 for triples and $34 for quads, plus tax of 7.4 percent.

The Arizona affiliate is planning tours to Rawhide, a re-creation of a ranch and town of the old west. There will be outdoor barbecues and all of the trimmings. Within a block of the hotel is Heritage Square, which shows what Phoenix was like in the last century. These are houses that can be toured, an array of restaurants complete with mesquite cooking and fine Mexican food, and a variety of stores and shops.

Besides the hospitality and fun

(Continued on page 4.)

Yes, I Can and Do Manage My Own Disease

by Martha LaQue

First of all, I'll tell you a little about myself. I serve as Vice-President of the San Antonio, Texas Chapter of the National Federation of the Blind (NFB). I am also Chairperson of the Aids and Appliances Committee of the NFB Diabetic Division. I am 25 years old and I am a diabetic. Probably by the time you read this article, I will have been a diabetic for a little over two years.

In addition to writing, I enjoy reading about new technology in the medical field which helps the blind manage health-wise and in everyday living. So many things are coming on the market to help blind people live more comfortable lives. One of those items is ACCU-CHEK. I have found that having the Accu-Chek has made my diabetes easier to manage. It has also helped me keep my independence. I value that a great deal. Some people would say that my diabetes would be hard to control because I would never know how my blood sugar is on a daily basis. At first, I was told that I would have to be on the strictest of diets. So, I said, "Well, OK, I'll follow a strict diet." I made arrangements with my doctor to see him several times a month and to have him give me the results of how my blood sugar was doing. I had decided that I was willing to pay for these extra visits just so that I would know how I was doing health-wise. For about ten months my mother helped me test my blood sugar. My father took me to my friend's house when I wanted to visit and he returned to take me home a little before it was time for my blood sugar test at night and evening. I was testing four times a day. It seemed to be such an inconvenience because the tests always had to be done at a certain time of day. When my parents went somewhere during the day, they had to return in time to do the test. After a while, I wasn't comfortable with that sort of thing. Finally, I talked to my doctor and he said that I could vary the time more on testing my blood. That way, I could get out more and everyone could keep their sanity. As time went on, I was testing twice a day. My insulin finally dropped 5 more units. For the last 21 months I have been on 10 units.

Meanwhile, I wondered about a machine which was supposed to appear on the market which would enable a blind person to test his glucose. Then I learned that the machine had been called back for further testing. People still kept helping me test and that included times I attended an NFB convention as well as other Federation activities.

Then, at one of our state conventions, a lady who belongs to one of our Texas chapters, told me about the "Ames Talking Glucometer." She told me how she tested her blood sugar. Since she's also blind, I became even more interested. I called Science Products to inquire about the Ames Talking Glucometer. I was also told about the "Accu-Chek Blood Monitoring Device" and how they would convert the regular Accu-Chek so that it would verbally tell me the results. *(Editor's Note: See Resource Section for information about Science Products merchandise.)* I was told that if I didn't have an Accu-Chek, they would be able to provide one and add the cost to the $400 charged for the conversion. I informed Dr. Mark Thomas about it and explained to him how it worked. He thought that it would be a good thing to purchase. It would make things easier for me to manage. I sent the company a money order for $559.50. I finally received my Accu-Chek. It was so overwhelming when I did my first test. It's a hard feeling to describe — knowing that I can do my own test and finding it read normal. At first, it wasn't easy. I did mess up a few strips. But, I told myself, "No one is perfect." So I kept following the instructions. In all, it was worth the wait for the arrival of the machine and it was worth making the mistakes because I am now independent and can check my own blood sugar. I feel so much better just being able to know how I am doing from day to day.

The following year, in the winter of '85, I gave a demonstration in Dr. Thomas' office. Even though it had been such a short time since I had begun using the Accu-Chek, and even though I was nervous during the demon-

(Continued on page 6.)

Inside This Issue

Phoenix In 1987 1

Yes, I Can And Do Manage My Own Disease by Martha LaQue 1

Do You Know A Blind Person? 2

Ask Dr. James by Ronald James, M.D. 3

Research Report On Insulin Nasal Spray 3

Something To Crow About by Ed Bryant 4

Trauma Through Retinopathy by Irena Rosendale 5

Diabetes: Facts You Need To Know 6

Recipe Corner 7

What You Always Wanted To Know But Didn't Know Where To Ask (Resource List) 7

Tidbits And Humor 8

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Do You Know A Blind Person?

DO YOU KNOW A BLIND PERSON?

Do you know a blind person who needs help or information? Perhaps he or she is newly-blinded and having trouble adjusting to the loss of sight. Maybe he or she does not know about all the services that are available, such as Social Security benefits, rehabilitation, or library services.

Whoever it is — a newly-blinded man or woman, a senior citizen with failing eyesight, a blind child or infant — we (the National Federation of the Blind) would like to try to help.

About 500,000 people in the U.S. are blind, and each year 50,000 more will become blind. Studies have shown that only cancer is feared more than blindness. However, blindness does not need to be the tragedy which it is generally thought to be. With proper training, knowledge, and opportunities blind people can be productive, first-class citizens.

But first the blind individual must know *where* and *how* to get the training and services he or she needs. We — you and the National Federation of the Blind — can work together to find and provide necessary information to the blind in our communities.

Here are some of the services available to the blind in our communities. For more specific information about any of these services, please contact us.

LIBRARY

Our state, like every state, has free library services for the legally blind. Books and magazines are available (on loan and free of charge) in Braille, large print, and on cassette and records. Special cassette machines and record players to use in listening to the taped or recorded reading matter are also loaned without cost to blind library users. For details about where and how to apply for services in your area you may contact us or your local library.

SOCIAL SECURITY BENEFITS

Social Security Disability Insurance (SSDI): Legally blind persons who have paid into the Social Security system may be eligible for SSDI under the special rules which apply to the blind. Legally blind senior citizens considering early retirement should first learn if they might qualify for more benefits under SSDI. Supplemental Security Income (SSI): Blind persons who have little or no regular income or savings may qualify for monthly payments under the SSI program. Again, there are special rules which apply only to the blind. Contact your local Social Security office for information and applications. We also encourage blind persons to contact us if they have any problems understanding the regulations, feel they have been unjustly denied benefits, or have other problems about which we may be able to provide information and guidance.

REHABILITATION

Every state, including this one, has a public rehabilitation or vocational rehabilitation agency which provides training, counseling, and employment placement services to the blind. Sometimes the service is provided directly, and sometimes it is contracted out to private rehabilitation facilities. Some funds through the rehabilitation agency are usually available to students for college education or other post-secondary training. Contact us for information about where to apply for services in your area.

EMPLOYMENT

Blind persons may use the regular public and private employment agencies just like anyone else. However because of widespread misconceptions about the abilities of the blind, special employment services are extremely helpful. Job Opportunities for the Blind (JOB) is a special nationwide job listing and referral service sponsored by the National Federation of the Blind in partnership with the U.S. Department of Labor. JOB uses recorded materials, computers and volunteers to help blind people find competitive employment. There is no charge for this service. To apply for services write to: JOB, 1800 Johnson Street, Baltimore, MD 21230; or call (toll-free) (800) 638-7518.

SCHOLARSHIPS

Blind students can take advantage of the same scholarship programs that are available to sighted students and should be encouraged to do so. However, there are also scholarships which are only available to blind students. The National Federation of the Blind, for example, awards over $50,000 a year in scholarships to worthy blind students. Contact us for further details about these and other special scholarships for the blind.

CIVIL RIGHTS

There are federal and state laws and regulations which protect the civil rights of the blind in such areas as employment, education, housing, insurance, public transportation, and public facilities. If you know of someone who thinks he or she has been unjustly treated or discriminated against just because of blindness, please contact us. We will try to help.

PRODUCTS AND AIDS

Technology has made many useful products available to the blind. Some aids make daily life easier (example, the Braille watch) while others have opened up more employment opportunities for the blind (example, talking computers). Contact us for more information about local and national resources regarding products for the blind.

FREE READING MATTER MAIL PRIVILEGE

Recorded, Braille, and large print reading matter (including library books and magazines) may be mailed to and from blind persons free of charge if "Free Matter for the Blind" is written or stamped on the envelope or package. Braille watches, white canes, and other special appliances for the blind are included in this privilege. We will be happy to answer questions about the Free Reading Matter mail privilege.

PUBLICATIONS

The *Braille Monitor* is a monthly magazine published by the National Federation of the Blind in Braille, in print, and on disc. The *Braille Monitor* keeps blind and interested sighted readers informed about issues, news, and events which have special significance to the blind. A free subscription is available by writing to: *Braille Monitor*, National Federation of the Blind, 1800 Johnson Street, Baltimore, MD 21230 (be sure to designate whether the *Monitor* is desired in print, Braille, or on disc). For information about local newsletters of special interest to the blind contact us.

EDUCATION OF BLIND CHILDREN

The passage of Public Law 94-142, the Education of All Handicapped Children Act, established certain rights and protections for blind children and their parents. Blind children are now entitled to a free public education in the "least restrictive environment," and parents have the right to help plan their child's educational program. Contact us for more information about the education of blind children, parent organizations, newsletters, etc. Also, the National Federation of the Blind publishes a magazine for parents of blind children. This publication provides information and insights into all aspects of raising blind children from infancy to adulthood. A free subscription is available to parents or other interested persons by writing to: Future Reflections, National Federation of the Blind, Free Subscription Request, 1800 Johnson Street, Baltimore, MD 21230.

For information or assistance concerning any problem dealing with blindness contact your local chapter or state affiliate of the National Federation of the Blind or: National Federation of the Blind, 1800 Johnson Street, Baltimore, Maryland 21230, (301) 659-9314.

COURTESY RULES OF BLINDNESS

When you meet me don't be ill at ease. It will help both of us if you remember these simple points of courtesy.

1. I'm an ordinary person, just blind. You don't need to raise your voice or address me as if I were a child. Don't ask my spouse what I want — "Cream in the coffee?" — ask me.
2. If I am walking with you, don't grab my arm; let me take yours. I'll keep a half-step behind, to anticipate curbs and steps.
3. I want to know who's in the room with me. Speak when you enter. Introduce me to the others. Include children, and tell me if there's a cat or dog. Guide my hand to a chair.
4. The door to a room, cabinet, or to a car left partially open is a hazard to me.
5. At dinner I will not have trouble with ordinary table skills.
6. Don't avoid words like "see." I use them, too. I'm always glad to see you.
7. I don't want pity. But don't talk about the "wonderful compensations" of blindness. My sense of smell, touch or hearing did not improve when I became blind. I rely on them more and, therefore, may get more information through those senses than you do — that's all.
8. If I'm your houseguest, show me the bathroom, closet, dresser, window — the light switch, too. I like to know whether the lights are on.
9. I'll discuss blindness with you if you're curious, but it's an old story to me. I have as many other interests as you do.
10. Don't think of me as just a blind person. I'm just a person who happens to be blind.

In all 50 states, the law requires drivers to yield the right of way when they see my extended white cane. Only the blind may carry white canes. You see more blind persons today walking alone. Not because there are more of us, but because we have learned to make our own way.

Ask Dr. James

by Ronald James, M.D.

Due to our tremendous newsletter circulation increase, the following is an updated version of an article that appeared in our Jan.-March, 1986 issue.

Dr. Ronald James is an insulin-dependent type I diabetic. He has had diabetes for 36 years. Dr. James has graciously consented to assist us by being the doctor who will answer questions from diabetics concerning diabetes.

Dr. James is 48 years old. He graduated from the University of Missouri-Columbia in 1964 with an M.S. in biochemistry and in 1965 with an M.D. From 1962-1963 he held a Post-Sophomore fellowship in biochemistry, and has been honored by Sigma Xi, Phi Kappa Phi, and the Tau Beta Pi honor Engineering Association. From 1971-1976 he worked in the Department of Medicine, University of Missouri School of Medicine and Veterans Administration Hospital; and is now working with the Midwest Diabetes Treatment and Education Center, and is the medical director of the Central Missouri Diabetic Childrens Camp, Inc.

QUESTION 1: Is one form of dialysis preferred over another?

Answer 1: The two types of dialysis are hemodialysis and peritoneal dialysis. Each type has its particular problems and advantages. Hemodialysis requires a machine, a connection to one's circulation, and a long training period. It often produces stresses on the circulation and the heart. It has the advantage of requiring treatment only 3 days a week for 4 to 7 hours each, while peritoneal dialysis requires more time. Peritoneal dialysis is sometimes complicated by infections of the abdominal cavity. It has the advantage of a short training period. One can also be up and about with usual activities while dialysis is in progress. Which method to use is a matter of individual preference and should be decided only after obtaining detailed information from one's kidney doctor.

QUESTION 2: I have had a kidney transplant for 11 years. Because of the antibiotics, I have had a lot of trouble with a yeast infection in my bladder. What do you recommend to control the yeast infection?

Answer 2: Nearly 30 years ago it was shown that up to a third of diabetics with sugar in their urine had yeast infections of the bladder while those without sugar in their urine had no more than nondiabetics. Therefore it appears that controlling the diabetes well so the urine is sugar free may help many prevent yeast infections of the bladder. Anti-yeast antibiotics taken by mouth apparently are not absorbed very well and are therefore of little value. An anti-yeast agent, amphotericin, may be taken intravenously or used to irrigate the bladder. This of course must be done with the help of one's physician and is treatment rather than prevention

QUESTION 3: How often do you recommend a diabetic check his blood sugar level?

Answer 3: Now that home blood glucose monitoring is available, I recommend the blood glucose level be checked at least four times a day. Usually this is done before meals and at bedtime. Depending on one's particular situation additional tests at other times such as during the middle of the night (3:00-4:00 a.m.), after meals, and when there is a question of an insulin reaction, may be in order.

Testing several times each day should be done every day until as high a level of diabetes control as possible for that particular diabetic is achieved. Then I recommend he/she test during only one day every 1 to 2 weeks. Of course one should test any time he/she is stressed, feels ill, has a sudden change in exercise pattern, or is having unusual problems with control of the diabetes. During pregnancy I recommend blood sugar checks at least four times a day every day.

QUESTION 4: What vitamins and minerals should a diabetic be taking? Is it true that the B vitamins are beneficial for neuropathy and that chromium lowers blood glucose?

Answer 4: A diabetic does not need vitamin or mineral supplements if he/she is following a good diabetic diet. If the diet is quite low in calories, such as 1000 calories or less, it might be advisable to take one multi-vitamin supplement daily to prevent vitamin deficiencies. There is no good scientific evidence that B vitamins have any beneficial effect on diabetes as such or on its complications such as neuropathy. Chromium deficiency may cause impairment of carbohydrate tolerance. Since there is no good evidence that chromium deficiency is present in human diabetes, chromium supplements cannot at this time be recommended.

QUESTION 5: Will exercise or physical therapy be of any benefit to lower legs and feet that have been affected by peripheral neuropathy?

Answer 5: Exercise or physical therapy will have little effect on peripheral neuropathy. However certain forms of physical therapy such as a whirlpool may be of use in treating ulcers that have resulted from peripheral neuropathy. On the other hand exercise may be a great benefit in helping maintain good circulation in the diabetic's lower legs and feet, or in the treatment of poor circulation to those areas.

Research Report On Insulin Nasal Spray

This article was taken from the March-April 1986 issue of Diabetes Dateline, *published by the National Diabetes Information Clearinghouse. Questions or comments should be referred to Beatrice Jakubowski, Editor, National Diabetes Information Clearinghouse, Box NDIC, Bethesda, Maryland 20892. Phone (301) 468-2162.*

An insulin nasal spray may sharply reduce the number of daily insulin injections that are required by people with insulin-dependent diabetes mellitus (IDDM), according to researchers at the Boston University Medical Center in Massachusetts. The spray also may allow these patients to follow a less rigid meal schedule.

A chief advantage of the experimental spray is its rapid absorption in the bloodstream. According to Dr. Renate Kimmerle, a researcher at the medical center, "The spray is absorbed directly into the bloodstream from the nasal membranes, so that the drug peaks in the blood much more quickly than when it is injected subcutaneously. This mimics more closely the way a normal pancreas puts out insulin in response to a meal."

Study Results

During the 6-month crossover study, eight outpatients with diabetes received insulin alternately for 3-month periods by injections alone and by a metered aerosol spray that was supplemented with a single daily injection. Researchers found that insulin from the spray was absorbed in only 15 to 30 minutes and remained in the bloodstream for about 2 hours. In contrast, the insulin administered by injection required an hour to be absorbed into the bloodstream and remained active for about 5 to 8 hours. The nasal-administered insulin lowered blood glucose levels in a dose-dependent fashion.

Says Dr. Kimmerle, "The nasal spray gives only a short-term supply of insulin, so that patients can use the aerosol just before or after they eat without worrying about insulin excess. These patients should still adhere to an appropriate diet, but with the nasal spray they are no longer tied to eating meals at certain times."

Results from the crossover study indicate that the aerosol in combination with the long-acting insulin injections is as effective as the standard series of injections in controlling IDDM. The researchers believe that in most patients the spray must be used in conjunction with a daily injection of long-acting insulin that provides a baseline for normal glucose metabolism.

Disadvantages Cited

Thus far, two disadvantages of the spray limit its widespread clinical use. One is that it is more costly than insulin injections. Because the nasal spray must be concentrated so that an adequate supply of insulin can be absorbed — a typical before-meal aerosol dose is 80 units or about 10 to 15 times the subcutaneous dose — nasal doses are about 10 times as costly as insulin injections. The cost may be lowered, Dr. Kimmerle says, if large supplies of insulin become available through recombinant DNA techniques.

A more serious problem with the spray, according to the Boston researchers, is a painful irritation of the membrane linings in the nose, which sometimes occurs. Four of 25 patients who began the 6-month study had to drop out because of nasal pain and congestion. The irritation is caused by a detergent in the spray, laureth-9 which enhances insulin absorption. When the concentration of this surfactant was lowered, fewer patients complained of nasal pain or fluid build-up in the nose. The investigators are currently testing other materials that may be less irritating.

The Boston researchers say that the dosage error in administering exact insulin doses with the metered nasal spray is about the same as with subcutaneous injections. Previous studies conducted over shorter periods at the Boston University General Clinical Research Center also had indicated the potential usefulness of the nasal spray. The researchers are conducting new trials of the nasal spray and are investigating its use among people with NIDDM.

The Boston group is one of several groups in the country that are currently conducting research on insulin nasal sprays. The study at the New England Medical Center is supported by the National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases; the National Heart, Lung, and Blood Institute; and the General Clinical Research Centers program of the NIH Division of Research Resources. A full report on the study appears in the *New England Journal of Medicine,* 312: 1078-1084, 1985.

This article was adapted, with permission, from the *Research Resources Reporter,* January 1986.

Something To Crow About

Our Support Network And What We Do

by Ed Bryant

The Diabetic Division of the National Federation of the Blind (NFB) provides many helpful services that often go unannounced. We are an integral part of a dynamic, non-profit organization, the National Federation of the Blind. There are no paid personnel in the Diabetic Division of NFB as we are all voluntary contributors and look upon our work as "a labor of love." The Diabetic Division of the National Federation of the Blind has been established to provide support and information for those of us who are blind or experiencing vision loss, and to those who experience any other complication due to diabetes. Our purpose is to create a climate of opportunity for all diabetics in home, school, and society; to support and educate all diabetics about the ramifications of the disease; and to facilitate the sharing of experiences and concerns among diabetics.

Many of our members have undergone ramifications such as blindness, amputation, renal failure, heart attack, nerve damage, etc. Other members have had no severe side effects of the disease. It is important that all long term diabetics realize that they are at a higher risk for developing complications. We realize that not all diabetics have trouble coping with their condition but still utilize the services that we provide.

The major aspect of the division is the support network we provide for our members. The dictionary describes the word "support" in many ways. Among these are the phrases: "to keep from sinking, to bear strain, to give courage, faith or confidence to." Our network supplies all of these things. Sustained support implies full activity to strengthen or keep from falling.

We educate! It is well known that the more we diabetics know about our disease, the better we can control it and minimize the chance of developing diabetic side effects. We stress rigidly controlling our blood glucose levels and blood pressure, and no smoking. We also realize that there are some people who have had good control of their diabetes for years and have still developed complications.

We show that diabetics have an option and that there is no need to curl up in a corner and hibernate. Often, people do not realize that they have a choice between life on dialysis or a kidney transplant. Many times the blind diabetic is unaware that he or she can self-manage their diabetes, through alternative techniques for independently and accurately drawing up insulin. There are audio output instruments available in today's market that allow those of us who are blind to accurately check our blood glucose levels. There is absolutely no reason for anyone to be totally dependent or to live in a protected shelter. Instead we can all be active members of our communities and be involved in the mainstream of society.

Network assistance is available whenever and wherever it is wanted or needed. Who better knows what a diabetic is going through than another diabetic who has undergone the same experience? Coping with diabetes or any of its complications can be difficult. We provide a shoulder that diabetics can lean on for support. We can put people undergoing a particular problem in touch with others who have already been down the same road. We can also provide information about any aspect of diabetes. The facts coming from one of us, or the experience coming from a veteran, can be very helpful in the coping process.

Upbeat attitudes are contagious. Our positive attitude is perhaps our best attribute. We can stimulate or inspire people not to give up simply because they are having complications. We know there are no reasons for anyone to lose self esteem or dignity because of a hurdle in the road. We are unique in that we provide our members with a vehicle to overcome these hurdles and still maintain the incentive to keep going, after the first hurdle has been overcome. Also involved in our group are loved ones, family and friends. If one is stuck in a chasm, often all that is needed to climb out is a helping hand or someone who will listen and who "just knows what you are talking about."

We recognize that limitations are often self-imposed. Many times all that an individual needs is support and information to change a limitation into a "challenge waiting to be overcome." We know that some diabetics have a lack of positive things going on in their lives. We are upbeat and positive and always serve as role models so other diabetics can see that there is no purpose served in having a negative attitude. We are a prevalent force that starts people moving and allows inertia to carry them on. If we, the diabetics, have a negative attitude, then often our loved ones and friends are affected.

The Diabetic Division of the National Federation of the Blind has established committees to further aid its members. Some of our committees follow: Renal Failure; Dialysis & Transplantation; Amputations & Prevention; Pancreas Transplants; Aids & Appliances for Self Management; Resource Library; and the Get Well committee. The Get Well committee sends cards and other appropriate greetings, which are very gratifying, to people when hospitalized.

Our main vehicle for making people aware of our network is our quarterly publication, *Voice of the Diabetic*. We currently print several thousand copies of each edition. It reaches out and touches the lives of many people by providing a place where their voices can be heard. It is enlightening because it tells of personal experiences that diabetics have undergone, and provides information that is pertinent to our lifestyles.

The sharing of experiences is important. The *Voice* is presented in a personal, non-sterile format with inspiring stories written by diabetics. It is not a medical journal with words no one can pronounce. Other publications do not seem to address the issues so candidly and personally.

By providing a medium in which our members can express themselves, *Voice of the Diabetic* serves to vent frustrations, to air concerns and opinions, and to share information. This kind of writing offers support, encouragement and inspiration to others who are experiencing the varied and complex health problems caused by diabetes.

Our newsletter includes regular features, such as a question and answer column by a physician, a recipe corner, a resource listing and other feature articles written by medical professionals. Much information is disseminated and our readers receive volumes of support.

We, the Diabetic Division of the National Federation of the Blind, are diversified and organized, as well as loving and caring. What makes us unique and valuable is that we are speaking for ourselves. We are a living, viable organization which brings great hope to many people. When I talk about the Diabetic Division of the NFB I must say that the whole is much, much greater than the sum of its parts. We know that it is not shameful to be diabetic and that someday there will be a cure for diabetes. If one is losing vision due to diabetes, our organization, the National Federation of the Blind, provides support and has comprehensive information in all matters pertinent to blind people.

Yes, we have something to crow about!

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The Diabetic Division of the National Federation of the Blind is in search of a chairperson to lead and represent our Insulin Pump committee. We need a diabetic who uses an insulin pump and is willing to enlighten and educate others. If you are interested in the position of Insulin Pump chairperson, please let us hear from you.

Phoenix In 1987

(Continued from page 1.)

there will be the serious business of the convention, such as meetings of parents, vendors, blind lawyers, blind secretaries and transcribers, the National Association to Promote the Use of Braille, and at least a dozen other special interest groups and committees. There will be the discussions at the general convention sessions to set priorities and determine actions for the year ahead.

Phoenix in 1987 is definitely where the action is, with thousands of dollars of wonderful door prizes, excellent hotel and meeting accommodations, stimulating program items, displays and demonstrations of new technology for the blind, and all of the excitement that accompanies a convention of the National Federation of the Blind. Don't miss it, get your reservations in today.

Write: Convention Reservations, National Federation of the Blind, 1800 Johnson St., Baltimore, MD 21230.

Trauma Through Retinopathy

by Irena Rosendale

Thirty-two years ago, at age five, Irena Rosendale was diagnosed as being an insulin dependent diabetic. She also has diabetic retinopathy. She, her husband and their 12-year-old son live in the state of Washington. In her letter to the editor, she writes, "Your stories are inspiring to me and I have to share mine with you hoping you will print it ..."

When I came home from work on July 2, 1982, I was exhausted and upset because my co-workers were in constant conflict. I turned on the TV and laid down on the couch. While I was watching TV, I noticed two black dots and I wondered what was on the screen. Soon, however, I noticed that the dots were in my left eye, not on the TV screen. As the night wore on, the dots remained and early the next morning I went to see my doctor. Immediately, he made an appointment for me with an eye specialist. By the time of the appointment, the dots had increased in diameter and had become squiggly lines. I was diagnosed as having a blocked nerve with no chance for a cure. Since, at that point, I had been insulin dependent for 27 years, and because I had heard of diabetic retinopathy, I disagreed with this doctor. Although the doctor assured me it was NOT retinopathy, I told him I wanted another opinion. He gave me the name of a retina specialist.

As a result of seeking a second opinion, the retina specialist confirmed my own diagnosis of proliferative retinopathy. He suggested laser treatment and, because I had heard of excellent results, I consented.

A few weeks later I was admitted to the hospital for short stay surgery. The doctor had me to lie down and told me I would be getting a shot in my eye to numb it so that he could use the laser. I couldn't believe it — I've been taking shots forever — but now in my eye? I braced myself and was taking the shot when the doctor hit a vein. Immediately, I felt the whole eye bulge and swell rapidly. By the look on the doctor's face, I knew there was a problem. He continued with the laser but had to stop because I was bleeding excessively. He admitted that he had hit a vein and told me not to get scared when I went home and saw myself in the mirror. He said the white part of my eye was all red and that I was black and blue around my eye. I told him that I had to go to work and asked him if it was that bad that people would notice and, if so, would he fill out my disability papers until the bulging went down and the redness cleared up.

He became angry and told me, "Put a pad over the eye and go to work."

I didn't have the chance to view myself because there were no mirrors to look into. A white pad was placed across my eye and the left side of my face. I was told to go home. My husband, seeing my face bandaged, was puzzled. I told him what had happened and we went home.

When I arrived home, I removed the bandage and was horrified! My eye was hanging out of my head! It was swollen, protruding and completely red and the area surrounding my eye was so black. I nearly fainted. I wouldn't let my husband or son see me and I locked myself in my room. On Monday morning I called work and told them I had a black eye. My request to take the week off with no pay was granted. Finally, I let my husband and son see me even though I kept myself locked in my room for a week. I felt like a monster.

The following week I returned to work and had to wear a patch and dark glasses for two weeks. Two months later my eye and face returned to normal.

I decided not to be so upset with the doctor for hitting a vein even though I was angry because the doctor wouldn't sign my disability papers. However, the bleeding inside my eye kept getting worse and worse. The doctor told me that more laser wouldn't help at this point. All I could do was to wait it out. Four months later the bleeding stopped. I could see again. I was greatly relieved and was grateful that my eye had healed.

Then, through no fault of my own, I was involved in a car accident which caused agonizing pain in my left wrist. (Eventually, I had to have reconstructive wrist surgery.) My son, who was also injured in the accident, complained of back pains and had to have medical attention. Thank goodness he didn't have serious injuries. He had to take aspirin for a while and I had to watch him closely.

Meanwhile, I began seeing three black dots in my right eye and I became frightened. I returned to the eye specialist and told him that I was under a lot of stress and that I was still working for a retail outlet at a very busy time of year — November. The eye doctor looked at my eye and told me that nothing was wrong. I trusted him because he was correct in diagnosing retinopathy in my left eye after I had been assured by another doctor that it was not retinopathy. However, I couldn't quite ignore the dots I was seeing in my eye. At the same time my left wrist was starting to interfere with my work; I had to seek medical attention for my wrist. No bones were broken; but, because there was a possibility of torn ligaments, I was put in a splint and was given Motrin for pain and anti-inflammation. The pain not only continued but grew increasingly worse. I was referred to a fracture clinic and the doctor confirmed that I had torn ligaments. Since one of the bones was shorter than the other, it made the wrist seem to be unstable. On examination, bones could be heard clicking together. I was sent to a hand surgeon. Sure enough, I required major surgery. The surgery was extremely painful. I was in the hospital four days and on disability from work for four months.

Meanwhile, the dots in my right eye kept coming back. I decided I had to see the eye doctor again because something was definitely going on in my eye. I couldn't understand why he hadn't recognized it. When I returned to him, he informed me that, yes, I had proliferative retinopathy in my right eye as well, but it was too far gone and that laser surgery wouldn't help me now. He also told me that I needed a vitriectomy and possibly retina detachment surgery. I couldn't believe what I was hearing. "That's absurd," I told him. "I was here some months ago and you told me there was nothing wrong!" He looked angry and told me I should be taking multiple shots of insulin per day and that I got retinopathy due to high cholesterol levels. I was in shock. This doctor didn't even know how my blood sugars ran and never had told me to stay away from cholesterol. I left his office stunned. What bothered me most was that I had gone to him as soon as I had a problem and he told me I was fine; but, now he put the blame on other things.

I needed a second opinion. I no longer trusted this doctor and didn't want him to treat or touch me again. Twice doctors were recommended to me and neither helped me when I needed them most. I had to find a doctor who understood me, one who had some compassion and also one who had a lot of experience in diabetic eye problems. My search began in the Yellow Pages. I was determined to find a warm doctor to whom I could really talk. At this point I didn't care how many diplomas he had hanging on the wall. I wanted a true physician. My thoughts went to Jesus Christ, a true healer and physician who healed the body, mind and soul.

In the Yellow Pages was a rather large ad of a Dr. Waltman who specialized in diseases of the vitreous as well as diabetic retinopathy, retinal detachment, etc. Even though his office was about a 45-minute drive from where I lived, I thought that maybe he knew what he was doing.

In his office, I broke down. I cried and told him of my search for a good doctor and of all I had been through. He was very kind, very sympathetic and he listened. He understood my feelings because he sees a lot of diabetic patients. He asked me if the other doctor (whom he knew by first name) gave the dye test to determine if bleeding was occurring in my right eye the first time I went to him. I told Dr. Waltman that I never had such a test. He didn't quite seem to believe me and asked if I would release the medical records with my signature. I consented. Meanwhile, he confirmed that I had retinopathy. He told me that the only option left would be a vitriectomy and he informed me there was a danger of detached retina.

Surgery was scheduled for December 1984. In the meanwhile, he received my records. He told me that I was right, that no dye test had been taken as should have been. He told me that if I had been diagnosed correctly, laser could have saved my vision and would have prevented lengthy major surgery.

I checked into the hospital in December; but, fifteen minutes before the scheduled time for surgery, it was determined that I was running a fever. More tests were made and it appeared I was coming down with a respiratory infection and possibly a urinary tract infection. The surgery was postponed. After a few weeks of antibiotics, the infections cleared up. I couldn't see at all, my right eye being all dark. I was upset and extremely frightened of having detached retina.

Surgery was scheduled again for January 15, 1985. I was in surgery for five hours and stayed in the hospital for four days. During surgery, I had a low blood sugar reaction and the narcotics made me extremely ill in the 24 hours after the operation. The surgery, a vitriectomy, was only 80% successful. A "buckle" was placed around the retina to reinforce it. A cataract had developed and I would be having more surgery in six months. After a long wait, I had the cataract surgery. With glasses my vision was 20/20 in the left eye and 20/30 in the right eye. Dr. Waltman performed another laser surgery in my left eye also.

Today, I am stable, and I'm happy to still have my sight. I continue to be checked every three months. Even though this sounds like an endorsement for the Yellow Pages through which I was able to find my wonderful doctor, I feel that I am very fortunate to have found an excellent doctor and surgeon, Dr. Waltman of Bellevue, Washington.

Diabetes: Facts You Need To Know

The following facts are taken from a current fact sheet published by the American Diabetes Association, Inc.

What Is Diabetes?

Today, more than 11 million people in the United States have diabetes, one of the worst diseases of our time. Unfortunately, almost half of them don't even know they have this chronic disease, and every year 500,000 more Americans are diagnosed with diabetes.

The American Diabetes Association is the nation's leading voluntary health organization concerned with finding a preventive and cure for diabetes, providing information and support to the millions who have the disease, and educating health professionals and the general public about the seriousness of this chronic disease.

Diabetes is a disease in which the body does not produce or properly use insulin, a hormone that is needed to convert sugar, starches and other food into the energy needed for daily life. It often leads to serious complications that involve nearly every tissue of the body. When high levels of sugar build in the blood, heart disease, kidney disease, blindness, nerve damage and leg and foot amputations from gangrene occur.

There is no cure for diabetes. But research has made exciting progress in the treatment of people with the disease. Self blood glucose monitoring, pancreas and islet cell transplants, oral medications, laser therapy to prevent diabetes-caused blindness, and new insight into the dietary needs of people with diabetes are just some of the recent advances that are helping many live healthier, longer lives.

ADA's scientific experts are also confident that recent research discoveries may lead to a cure for this life-threatening disease. They are even optimistic that one day there will be a vaccine to prevent diabetes in children.

Insulin-Dependent Diabetes

About 1 million people have this type, the most severe form of diabetes, which usually hits people when they are young children or adolescents. In order to stay alive, people with insulin-dependent diabetes must take daily injections of insulin. *Although it controls the disease, insulin does not cure diabetes.*

The tendency for the disease can be present at birth, especially if there is a history of diabetes in a person's family. No one knows what eventually triggers the onset of the disease, though viral infections, such as the flu, are suspect. The symptoms of diabetes often mimic the flu and ADA works hard to alert health care professionals and the public during flu season to ensure correct diagnosis and help prevent needless deaths.

The Warning Signs of Insulin-Dependent Diabetes Include:

- frequent urination accompanied by unusual thirst
- extreme hunger
- rapid weight loss with easy tiring, weakness and fatigue
- irritability, nausea and vomiting

THESE SYMPTOMS OCCUR SUDDENLY. IF THEY DO, SEE A DOCTOR IMMEDIATELY.

Non-Insulin-Dependent Diabetes

The majority of people with diabetes have this type, which usually develops in people over the age of 40 who are overweight. Again, a history of diabetes in one's family increases one's risk of developing the disease. Proper diet and exercise are essential to controlling non-insulin-dependent diabetes although oral medication or insulin also may need to be taken.

The onset of this type of diabetes is often gradual and undramatic. Many Americans first become aware they have the disease after they develop one of its life-threatening complications (i.e. heart disease, kidney disease or eye problems).

The warning signs of non-insulin-dependent diabetes may include any of the symptoms mentioned before or the following:

- blurred vision or any change in sight
- tingling or numbness in legs, feet or fingers
- frequent skin infections or itchy skin
- slow healing of cuts and bruises
- drowsiness

IF YOU EXHIBIT ANY OF THESE SYMPTOMS, HAVE YOUR DOCTOR TEST YOU FOR DIABETES.

The Dangerous Toll of Diabetes

- Deaths. Each year, about 300,000 people die as a result of diabetes and its complications.
- Blindness. Each year, 5,000 people lose their sight because of diabetes. Diabetic eye disease is the number one cause of new blindness in people between the ages of 20-74.
- Kidney disease. Ten percent of all people with diabetes develop some kind of kidney disease. This includes end-stage kidney disease where a person requires dialysis or a kidney transplant in order to live. Nearly 25 percent of all new dialysis patients are people with diabetes.
- Amputations. About 45 percent of all non-traumatic leg and foot amputations in the U.S. are caused by diabetes.
- Heart disease and stroke. People with diabetes are 2 to 4 times more likely to have heart disease and 2 to 6 times more likely to have a stroke than people who do not have diabetes.
- Twenty percent of all people with diabetes are either Black or Hispanic. The rate of non-insulin-dependent diabetes is 33 percent higher in Blacks and 300 percent higher in Hispanics.
- Over 20 percent of the adults in some Native American Indian tribes have diabetes.
- Direct and indirect costs for diabetes run to $14 billion annually and account for 3.6 percent of total U.S. health care costs.

Eileen, My Friend

by Karen Mayry

Eileen O'Brien and I met several years ago at a national N.F.B. convention. She — always the teacher — was helping with the Teacher's Division table at the Exhibit Hall. She explained that she had just returned from dialysis so was not quite set up. I asked, "When will you have a transplant and get a new kidney?" She answered, "Oh, I am a diabetic, therefore cannot have one." Thus began our friendship. By that time, my kidney transplant was 3½ years old so I shared this information with Eileen. She was encouraged, and six months later received her transplant with her sister as donor.

Eileen felt a great need to educate other diabetics about their options when faced with complications of our mutual disease. She wanted a nationwide network of diabetics supporting one another. Through her insistence, badgering, and cajoling, I agreed to help and the Diabetic Committee was born. It later became the Diabetic Division.

Eileen's persistence, knowledge, and enthusiasm helped to spread the word about our work. It spread like wildfire. She spoke with everyone who would listen. She taught her congressional representatives and senators about the capabilities of blind persons and the necessity to educate diabetics faced with complications of the disease.

The last year of Eileen's life was not easy. She experienced the death of her mother, a move from her childhood home, a broken leg and chronic rejection of her kidney. Most of the time she was not well. But, true to her nature, she pursued her goal of advancing the cause of the N.F.B. and the Diabetic Division. My life has been enriched through knowing Eileen. She often said that she felt as close to me as her blood sisters. I shall miss her. What a spirit she had. We must retain her spirit and move ahead with the work she felt so necessary.

Editor's Note — Eileen did everything she could to help the N.F.B. Her special love was the Diabetic Division. She requested that any memorial gifts be sent to the National Federation of the Blind, 1800 Johnson St., Baltimore, MD 21230.

If you or a friend would like to remember the National Federation of the Blind in your will, you can do so by employing the following language:

"I give, devise, and bequeath unto National Federation of the Blind, 1800 Johnson Street, Baltimore, Maryland 21230, a District of Columbia nonprofit corporation, the sum of $_____ (or "_____ percent of my net estate" or "the following stocks and bonds: _____") to be used for its worthy purposes on behalf of blind persons."

Yes, I Can

(Continued from page 1.)

stration, everything had turned out all right. As a matter of fact, Dr. Thomas and the nurses were all very impressed. I was pleased with myself because I had enlightened the doctor and his staff.

I will tell you a little about the Accu-Chek. First of all, it is easy to clean. It's about the size of a small tape recorder but not quite as long. There is a door on the left-hand side and just to the right of this door is a square opening. Slide the reagent strip all the way into this opening. Turn on the machine after the door has been shut. A beep will sound that tells immediately that everything is in place. Now place the Chem strip into the slot on the door and close the door as done before. Another beep will sound. Now you are ready to take your blood test and release the clock for the timing. Timer will go off one time; wipe and continue

(Continued on page 7.)

Recipe Corner

Send your great recipes to the editor, Ed Bryant. He is the official taste tester and needs recipes to test his taster.

Cottage Cheese Jello Salad
By Arnia Watson
from Columbia, Mo.

12-oz. carton of lowfat (1%) cottage cheese
1 cup applesauce (water packed or no sugar added)
1 (3-oz.) box sugarfree jello (your choice of flavor), to which add only 1⅓ cup boiling water

Thoroughly dissolve jello in boiling water. Add cottage cheese and applesauce to jello, stirring after each addition. Store covered in refrigerator until set.

Yield: 2 servings.
Calories: 210 per serving.
Diabetic Exchanges: 1 serving = 2 meats, 1 fruit.

Baked Apple

This recipe was given to our Editor's wife and the submitter desires to remain anonymous. With some slight alterations and with our taste tester preparing, cooking and testing his taster the following tasteful recipe emerged.

Use Jonathan or winesap apples, cut one quarter off top of the apple. Peel the apple about 1/2-inch down. The remaining peel will help hold the apple's shape. Core the apple. In middle of hollowed out apple, stuff full of:

1 Tbs. raisins
1 Tbs. nuts (pecan chips or pieces are great)
¼ tsp. pumpkin pie spice mix
1 tsp. artificially flavored brown sugar
1 heaping Tbs. Dia-mel peach preserves (1 tsp. = 2 calories)

After topping apples with preserves, place them in a pan with about 3/4-inch of water. Steam them by covering with foil, taking care not to press down too tightly. Bake for 50 minutes at 350 degrees.

If using a microwave, apples can be cooked in a Corningware bowl with a lid or they can be covered with Saran wrap or wax paper. Cook on high setting. If cooking: 1 apple, set time for 2-2½ minutes; 2 apples, set time for 3-4 minutes; 4 apples, set time for 4½-5½ minutes.

We asked the recipe submitter how long to cook it. She replied, "My mammy told me to cook it till ets dun!"

Yield: Each apple equals 1 serving.
Calories per serving: 105
Diabetic Exchanges: 1 fruit, 1 fat.

What You Always Wanted To Know But Didn't Know Where To Ask

(Resource List)

With over 50,000 members, the National Federation of the Blind (NFB) is the largest organized group of blind people in the world. The NFB has accumulated lots of information on all subjects relating to blindness. You are cordially invited to contact the National Federation of the Blind with any questions that you might have. We are located at 1800 Johnson Street, Baltimore, MD 21230. Our phone number is (301) 659-9314.

We do not endorse these products and/or materials, but simply state their availability.

EQUIPMENT

Blood Glucose Analyzers and Digi-Voice Speech Module: The *Digi-Voice Speech Module*, an attachable device which gives a verbal readout of the digital display, can be used with the following commercially available Blood Glucose Analyzers:

Science Products

Order #	Item	Cost
1527	Gluco-Scan	$209.00
1528	Glucometer	$199.00
1529	Accu-Chek	$189.00

The Digi-Voice Module (Science Products order number 1520) costs $445 in addition to the cost of the analyzer. An analyzer, existing or new, can be adapted for audio output. Existing units should be thoroughly cleaned. Order any of the individual units or send your existing unit for adaptation to:

Science Products, Custom Electronics, 1043 Lancaster Ave., Berwyn, PA 19312; Toll free number: 800-822-7400; In Pennsylvania: 800-222-2148.

Catalog is available on request at no cost.

Save money by purchasing these Blood Sugar Analyzers from the manufacturers or from:

Sugarfree Center, P.O. Box 114, Van Nuys, CA 91408; Toll free number: 800-972-2323; In California: 800-336-1222.

California residents: add applicable sales tax for your county.

(Continued on page 8.)

Yes, I Can

(Continued from page 6.)

waiting for the second 60 seconds. Shut the door and the Accu-Chek will flash the numbers and verbally tell the results out loud. It also has an ear jack for private use. The reagent strip stays in the machine until all of the Chem strips in the bottle have been used. Each bottle comes with a strip.

I truly love this device and I know that others will too. We NFB members are always trying to find ways to keep our independence. I have been doing very well. My doctor and I keep records of the results on a monthly basis. I write them down in braille for myself and I give the doctor a typed copy. So far, it has been working out fine. He's a great doctor as well as a good, caring person whom I can trust and with whom I feel comfortable. He has always told me that I could manage my own disease as long as I take care and continue to look forward to the future. We will both continue looking in that direction.

Editor's note: Martha exemplifies the abilities of blind people by educating medical professionals about the abilities of those of us who are blind as well as about available products. Many professionals are not aware of the alternative products that are available for blind patients.

PERMISSION TO COPY

We grant anyone permission to copy any portion of our newsletter. We ask only that you let whomever receives a copy know where it comes from and how to contact us.

FORM FOR SUBSCRIPTION, DONATION OR MEMBERSHIP

Membership in the Diabetic Division of the National Federation of the Blind (NFB) costs $2.00 yearly, tax deductible. However, production costs for Voice of the Diabetic run about $6.00 per year for each subscription. Members are invited and non-members are requested to cover this cost. If you wish to join the NFB Diabetic Division, subscribe to Voice of the Diabetic, and/or make a donation, please mark the appropriate boxes and fill in the blanks below.

☐ I wish to join the NFB Diabetic Division. My donation of at least $2.00 is enclosed.

☐ I do not wish to join at this time; enclosed is my donation of at least $6.00 to start my subscription.

I wish to receive the Voice of the Diabetic ...
(Choose one)

☐ in print only ☐ on cassette tape only ☐ both in print and on tape

Cassette tapes provided to blind or visually impaired members at no extra cost.

☐ I wish to support the Diabetic Division of the National Federation of the Blind with my tax deductible contribution of $ _____.

Please print clearly.

Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number (_____) _____

Send this form or a facsimile along with your check to our treasurer:
Carol Anderson, 23 Lake Shore Drive South, Randolph, NJ 07869
Please make all checks payable to the NATIONAL FEDERATION OF THE BLIND.

Resource List

(Continued from page 7.)

Sugarfree Order #	Item	Cost
3014	Glucoscan 2000 Meter	$169.95
3033	Glucoscan 3000 Meter	$189.95
3036	Glucometer II	$150.00
3038	Accu-Chek II	$150.00

You can have the analyzer shipped directly to Science Products for Verbal Adaptation with the Digi-Voice Module.

BRAILLE MATERIALS

Thermoform Braille materials (hand-copied) cost nine cents per page. There is a $.75 charge for each volume for binding and labeling.

The Art of Cooking for the Diabetic. Contemporary Books, Inc., 12 volumes, 862 pages.

Eating Right for Less from Consumer Reports. Two volumes, 42 pages.

Order from: The Braille Institute of America, 741 North Vermont Ave., Los Angeles, CA 90029; Phone number: (213) 663-1111.

PRINT MATERIAL

1. *Diabetic's Total Health Book,* by June Biermann and Barbara Toohey. This book is designed to help the diabetic deal with stress. It includes relaxation techniques, autogenics and visualization techniques. Cost: $3.95. Order number: 9005. Order from: Sugarfree, Inc. (address below).

2. *Feeling Good,* by David Burns, M.D. Alter your moods, dispose of the "black holes" of anger, depression, lethargy, etc., with this book. Cost: $4.50 (California residents add sales tax). Order number: 9014. Order from Sugarfree Center, Inc. (address below).

3. *Special Diet Foreign Phrase Book.* When travelling, this book will assist in explaining dietary needs in Spanish, French, German or Italian. This foreign language phrase book covers all diets: soft and low residue, bland, ulcer, low cholesterol and fat, low sodium and diabetic. It has large print and includes medical emergency phrases. Cost: $10.95 (California residents add appropriate sales tax). Order number: 9062.

Order from: Sugarfree Center, Inc., P.O. Box 114, Van Nuys, CA 91408.

For ORDERING ONLY use these toll-free numbers:

Nationwide:	800-972-2323
California:	800-336-1222

CASSETTES

1. *#7022 Stress Management Cassette.* $10.95. An innovative tape that claims to help diabetics control stress — and blood sugar. Side one contains relaxation techniques. Side two is called "A Healing Fairytale for Children of All Ages." It promotes positive values and hope for the cure. Order from Sugarfree Center, Inc., P.O. Box 114, Van Nuys, CA 91408.

2. Cassette explaining Potassium and Sodium Levels in different foods. Cost: $1.50. Order from the Guild for the Blind, 180 N. Michigan St. 1720, Chicago, IL 60601.

Tidbits And Humor

Elections Coming Up

At this year's National Convention in Phoenix, Az., elections will be held to fill divisional board positions. These are one-year terms that will run from July 1, 1987, to June 30, 1988. Positions to be filled are: President, First Vice-President, Second Vice-President, Secretary, and Treasurer. If you are interested in a board position, or know someone who you think would do a good job, then contact Karen Mayry or Ed Bryant. Yes, hard work and dedication are prerequisites of each board position. Anything worthwhile is usually challenging and requires hard work. The leadership of any organization should always be a positive force and lead by being good examples for others to follow.

Q: What do you get when you cross dogs with hens?
A: Pooched eggs.

Plan Ahead and Be Prepared

At this year's National Convention of the National Federation of the Blind there will be many in attendance who are insulin dependent diabetics. Each of us should have foresight and bring extra insulin and syringes so as to avoid taking time out to go in search of a pharmacy. It might be that the State of Arizona requires a doctor's prescription for insulin and syringes, and if so we would then have the added expense of a physician's visit.

We insulin dependent diabetics should always be prepared in case of an insulin reaction. At a national convention the hotels are jammed with people and the restaurants are usually packed.

At every convention there are a few diabetics who undergo hypoglycemic attacks which, of course, can be avoided. THINK AHEAD! Always carry something sweet such as candy or glucose tablets that can be used for insulin reactions. We should be sure to have, in our rooms, snack foods that will help control our diabetic food needs.

We diabetics can travel anywhere and do almost anything we want. One thing we cannot do is to go without food.

Our bloodstreams should have a balance of insulin and glucose. If there is not enough glucose (food) then we have an "insulin reaction."

"Plan ahead and be prepared."

Dialysis

Karen Mayry, President of our division, announces the following:

Dialysis will be available during our National Federation of the Blind Convention in Phoenix. Individuals needing dialysis are asked to contact Dorothy Hailston, Head Nurse, South Phoenix Dialysis Center, 1332 South 5th Avenue (near Buckeye Road and Fifth Avenue), Phoenix, AZ 85003, telephone (602) 253-1954, TWO months prior to arrival date. She will need insurance information and data from the individual's physician. If persons are on Medicare with no supplemental insurance, they are asked to pay 20% of the dialysis costs prior to receiving dialysis (approximately $27-$30 per treatment).

The South Phoenix Dialysis Unit DOES NOT accept B-Positive hepatitis patients. Persons who fall in that category must contact Good Samaritan Hospital Dialysis Unit, 1111 East McDowell Road, 85006, telephone (602) 239-2000, in order to assure a dialysis schedule.

Individuals must contact the dialysis units prior to arrival in Phoenix. The American Kidney Fund has, in the past, assisted with funds for individuals unable to pay the 20% charges. Each person who needs financial assistance should contact the American Kidney Fund. The Fund phone numbers are: Toll free inside Maryland 1-800-492-8361; Toll free outside Maryland 1-800-638-8299.

The South Phoenix Dialysis Unit is close to the Hyatt-Regency Hotel. There is a direct bus line between the hotel and the dialysis unit, or cab fare one way is approximately $3.00, and takes five to ten minutes.

Eets No Bull

Did you know that every postage stamp contains 1/10 of a calorie? It would take a lot of licking to do much damage, but ... *Eets No Bull!*

1987 National Convention Display Table

The Diabetic Division of NFB will have a display table in the exhibit hall located at the Hyatt Regency Hotel. Much literature will be distributed, aids to assist the blind diabetic in self-managing his disease will be shown and explained, and much information will be disseminated.

We are looking for volunteers who will help man this year's table. If you can participate please notify Karen Mayry.

How Does Your State Rank?

Currently the state with the most Diabetic Division members is Missouri. As leader of the pack, Missouri challenges any and all states to try and surpass it in membership. Recruitment of new people is an essential part of our movement and with a little work you might catch Missouri. You should remember that Missourians are from the "Show Me" state, and they do not intend to lose their #1 rating.

Q: What creature is smarter than a talking parrot?
A: A spelling bee!

Cassette and Record Players

These two items are provided to the blind and physically handicapped at no charge. Many of our members are blind due to diabetic retinopathy.

The National Library Service for the Blind, part of the Library of Congress, enables those of us who are blind to have access to much literature in large print, on cassette, on disk record, and in Braille.

If you are blind and desire additional information concerning this matter, then you should contact your regional Library for the Blind and Physically Handicapped. If you need assistance contacting your regional library then you can telephone the Library of Congress, toll free, at 1-800-424-8567.

Print, Cassette Tape, or Both??

As you recruit and sign up new members we need the following: the correct name and address with the zip code, and the telephone number including area code. Also, does the new member desire to receive his newsletter in print, on cassette tape, or both. If you provide the above information much time and long-distance communicating will be circumvented.

You Are the One

By Ken and Linda Carstens. Ken serves as Chairperson for our Amputation and Prevention Committee.

Only one person in the whole world can defeat you. That is Yourself.

Make Your Voice Heard

Since I, as your editor, am ultimately responsible for this publication, I need to know of any foul-ups or goofs. I also welcome any suggestions, recommendations and/or criticisms. We invite you to send questions to Dr. James, recipes for the Food Corner and articles that would interest our readers. Send your great ideas to:

Ed Bryant
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Columbia, Missouri 65203
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